



State of Washington

**DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CREDIT UNIONS**

P.O. Box 41200 • Olympia, Washington 98504-1200

Telephone (360) 902-8701 • TDD (360) 664-8126 • FAX (360) 704-6901 • <http://www.dfi.wa.gov>

Consumer Complaint

We have found complaints can normally be resolved if the consumer contacts the credit union directly. If you have not already done so, please contact the credit union and attempt to resolve the problem. If direct contact with the credit union is unsuccessful or you are not satisfied with the results, please fill out this form and send it, along with copies of the credit union's response and any other appropriate documentation, to the Division of Credit Unions. Your complaint will be promptly acknowledged, and you will be notified of the final disposition.

Your Information:

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (____) _____ - _____ **Fax Number:** (____) _____ - _____

Email Address: _____

Credit Union Information:

Name of Credit Union: _____

Location: _____ **Branch:** _____

Who You Contacted: _____

Complaint/Problem:

Briefly describe the problem or complaint in the space provided below.

Public Records Disclosure Act:

Under the public records provisions of Washington law, RCW 42.17 et.seq., this complaint may become subject to public disclosure at some time after your file is closed.

☐ By checking this box, you may request that this complaint not be disclosed if it is requested pursuant to the Public Records Disclosure Act.

Declaration:

By signing my name below, I declare, under penalty of perjury under the laws of the State of Washington that the information contained in this complaint is true and accurate and the information may be used to further investigate the complaint.

Date

Signature